

EXHIBIT "J"

NOV. 14, 2006 4:27PM AETNA DISABILITY

AETNA INC

Page 2 of 13

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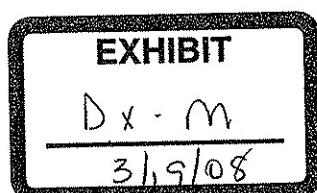
NO. 961 P.E.P. 2 of 1

Bank of America  **Higher Standards**

Bank of America Direct®

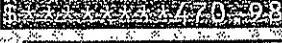
Check Info	
Account:	7091
Amount:	1,214.04
Check #:	520066494
Posted Date:	07/25/2005

Bank of America, N.A. Member FDIC.
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NO. 5430

Check Number

Control Suf. Acct.	Certificate Number	Employee Name	Covg.	Paymt. ID
619308 21 001	MIRIAM	A BAUZA	33101100	99
TO THE ORDER OF ▶ M A BAUZA 6 VALENTINE ROAD NEWBURGH NY 12550-7202			Do Not Endorse Or Pay Before Date JULY 3, 2006	
OUR HUNDRED SEVENTY DOLLARS AND 99/100			PAY ▶ 	Check Amount Payment Period 06/14/2006-07/04/2006

Bank of America
Aetna Life Insurance Company

Alfred P. Jank Jr.
Authorized Official

7100557471# 10119004451# 000000005430#

er MEDIACOM	NO. 7091	52004325 51-44 119 CT	Check Number	
Control Suf. Acct.	Certificate Number	Employee Name	Covg.	Paymt. ID
19308 21 001	MIRIAM	A BAUZA	30001100	99
TO THE ORDER OF ▶ M A BAUZA 6 VALENTINE ROAD NEWBURGH NY 12550-7202			Do Not Endorse Or Pay Before Date JULY 3, 2006	
VEN HUNDRED FIFTY FIVE DOLLARS AND 00/100			PAY ▶ 	Check Amount Payment Period 06/14/2006-07/04/2006

Bank of America
Aetna Life Insurance Company
is Agent for the above Payer

Alfred P. Jank Jr.
Authorized Official

520043256# 10119004451# 000000007091#

EXHIBIT

Dx-N
3/19/08

000251 J147UCR 000251

M A BAUZA
6 VALENTINE ROAD
NEWBURGH NY

12550-7202

XXXXXXXXXXXXXXXXXXXXXX

For Aetna Use

6193082100100000000060000DB

00000025

300011002006060799 BAUZA
MIRIAM A

Payment Address

Employee SSN:

If the address for this payment is incorrect, please enter the correct address and the employee Social Security Number (SSN) in the "Payment Address" area to the right and return this stub to the designated Aetna location.

If you have any questions or wish to report any other changes, please enclose this stub with your letter or call 1-888-382-3862 for assistance.

ALONG THIS LINE

PLEASE ENCLOSE THIS STUB WITH ANY CORRESPONDENCE

CUT ALONG THIS

Payment Information

Payment Date 07/11/06 Payment Period 07/05/2006-07/11/2006	Number 52006649
Control-Suffix-Account 619308 21 001	Certificate Number
Type TDI BENEFIT 1445.38 FICA - 106.34 PRE MEDICAL - 46.15 PRE VISION - 5.14 POST FSA-HLTH - 4.16	Amount FIT 164.43 PRE DENTAL 4.04 POST MISC 1.08

EXHIBIT

DX-0
3/19/08

Please detach and retain this stub for your records.
IR-66580 (12-04)

DETACH ALONG THIS PERFORATED LINE

Year 2006	Payer MEDIACOM	NO. 7091	52006649	51-44 119 CT		
Control	Suf.	Acct.	Certificate Number	Employee Name	Covg.	Paymt. ID
619308	21	001		MIRIAM A BAUZA	30001100	99
THE ORDER OF ▶ M A BAUZA 6 VALENTINE ROAD NEWBURGH NY 12550-7202					Do Not Endorse On Pay Before Date JULY 11, 2006	
IN THOUSAND ONE HUNDRED FOURTEEN DOLLARS AND 04/100				PAY	Check Amount Payment Period 07/05/2006-07/11/2006	

Bank of America
Aetna Life Insurance Company
S. Agent for the above Payer

Alfred P. Stark Jr.
Authorized Official

000251 J147UCR 000251

M A BAUZA
6 VALENTINE ROAD
NEWBURGH NY 12550-7202

For Aetna Use

6193082100100000000060000DB

000000251

300011002006060799 BAUZA
MIRIAM

A

If the address for this payment is incorrect, please enter the correct address and the employee Social Security Number (SSN) in the "Payment Address" area to the right and return this stub to the designated Aetna location.

If you have any questions or wish to report any other changes, please enclose this stub with your letter or call 1-888-382-3862 for assistance.

Payment Address

Employee SSN:

CUT ALONG THIS LINE

PLEASE ENCLOSE THIS STUB WITH ANY CORRESPONDENCE

CUT ALONG THIS LINE

Payment Information

Payment Date 07/11/06 Payment Period 07/05/2006-07/11/2006	Number 52006649
Control-Suffix-Account 619308 21 001	Certificate Number

Type	Amount	Type	Amount
TDI BENEFIT	1445.38		
FICA	- 106.34	FIT	- 164.43
PRE MEDICAL	- 46.15	PRE DENTAL	- 4.04
PRE VISION	- 5.14	POST MISC	- 1.08
POST FSA-HLTH	- 4.16		

Please detach and retain this stub for your records.

GR-66580 (12-04)

DETACH ALONG THIS PERFORATED LINE

M A BAUZA
6 VALENTINE ROAD
NEWBURGH NY

12550-7202

XXXXXXXXXXXXXXXXXXXXXX

the address for this payment is incorrect, please enter the correct address and the employee Social Security number (SSN) in the "Payment Address" area to the right and return this stub to the designated Aetna location.

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For Aetna Use

6193082100100000000060000DB

000000263

300011002006060799 BAUZA
MIRIAM A

Payment Address

Employee SSN:

DETACH ALONG THIS LINE

PLEASE ENCLOSE THIS STUB WITH ANY CORRESPONDENCE

CUT ALONG THIS LINE

Payment Information

Payment Date 07/18/06	Payment Period 07/12/2006-07/18/2006	Number 52010368
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Control-Suffix-Account 619308 21 001	Certificate Number
---	--------------------

Type	Amount	Type	Amount
PDI BENEFIT	1445.38		
FICA	- 106.34	FIT	- 164.43
PRE MEDICAL	- 46.15	PRE DENTAL	- 4.04
PRE VISION	- 5.14	POST MISC	- 1.08
POST FSA-HLTH	- 4.16		

EXHIBITDx-P
3/19/08

Please detach and retain this stub for your records.

CR-06542 (12-04)

DETACH ALONG THIS PERFORATED LINE

Payer MEDIACOM

No. 7091

52010368

51-44
119 CT

Check Number

Control	Suf.	Acct.	Certificate Number	Employee Name	Covg.	Paymt. ID
619308	21	001	MIRIAM	A BAUZA	30001100	99
TO THE ORDER OF ▷ M A BAUZA 6 VALENTINE ROAD NEWBURGH NY 12550-7202				Do Not Endorse or Pay Before Date		
				JULY 18, 2006		
FIFTH THOUSAND ONE HUNDRED FOURTEEN DOLLARS AND 04/100				PAY ▷		
					Check Amount	
					Payment Period 07/12/2006-07/18/2006	

Bank of America

Aetna Life Insurance Company
is Agent for the above Payer

Albert P. Tunk Jr.

Authorized Official

000263 J147UCR 000263

M A BAUZA
6 VALENTINE ROAD
NEWBURGH NY

12550-7202

For Aetna Use

6193082100100000000060000DB

000000263

300011002006060799 BAUZA
MIRIAM

A

Payment Address

Employee SSN:

If the address for this payment is incorrect, please enter the correct address and the employee Social Security Number (SSN) in the "Payment Address" area to the right and return this stub to the designated Aetna location.

If you have any questions or wish to report any other changes, please enclose this stub with your letter or call 1-888-382-3862 for assistance.

CUT ALONG THIS LINE

PLEASE ENCLOSE THIS STUB WITH ANY CORRESPONDENCE

CUT ALONG THIS LINE

Payment Information

Payment Date 07/18/06 Payment Period 07/12/2006-07/18/2006	Number 52010368
Control-Suffix-Account 619308 21 001	Certificate Number

Type	Amount	Type	Amount
TDI BENEFIT	1445.38		
FICA	- 106.34	FIT	- 164.43
PRE MEDICAL	- 46.15	PRE DENTAL	- 4.04
PRE VISION	- 5.14	POST MISC	- 1.08
POST FSA-HLTH	- 4.16		

e detach and retain this stub for your records.

DETACH & HOLD THIS INFORMATION

000259 J147UCR 000259

M A BAUZA
6 VALENTINE ROAD
NEWBURGH NY

12550-7202

XXXXXXXXXXXXXXXXXXXXXX

the address for this payment is incorrect, please enter the correct address and the employee Social Security number (SSN) in the "Payment Address" area to the right and return this stub to the designated Aetna location.

If you have any questions or wish to report any other changes, please enclose this stub with your letter or call 1-888-382-3862 for assistance.

For Aetna Use

6193082100100000000060000DB

000000259

300011002006060799 BAUZA
MIRIAM

A

Payment Address

Employee SSN:

CUT ALONG THIS LINE

PLEASE ENCLOSE THIS STUB WITH ANY CORRESPONDENCE

CUT ALONG THIS LINE

Payment Information

Payment Date 07/25/06	Number 52012341
Payment Period 07/19/2006-07/25/2006	

Control-Suffix-Account 619308 21 001	Certificate Number
---	--------------------

Type	Amount	Type	Amount
TDI BENEFIT	1445.38		
FICA	- 106.34	FIT	- 164.43
PRE MEDICAL	- 46.15	PRE DENTAL	- 4.04
PRE VISION	- 5.14	POST MISCELLANEOUS	- 1.08
POST FSA-HLTH	- 4.16		

EXHIBIT

Dx-Q

3/19/08

Please detach and retain this stub for your records.

GR-66580 (12-04)

DETACH ALONG THIS PERFORATED LINE

Payer MEDIACOM

NO. 7091

52012341

51-44
119 CT

Check Number

Control	Suf.	Acct.	Certificate Number	Employee Name	Covg.	Paymt. ID
619308	21	001	MIRIAM	A BAUZA	30001100	99

Do Not Endorse On Pay Before Date

JULY 25, 2006

TO THE ORDER OF ▶ M A BAUZA

6 VALENTINE ROAD

NEWBURGH NY 12550-7202

ONE THOUSAND ONE HUNDRED FOURTEEN DOLLARS AND 04/100

PAY ▶

EXPIRES 07/25/08

Check Amount

Payment Period 07/19/2006-07/25/2006

Bank of America

Aetna Life Insurance Company
as Agent for the above Payer

Alfred P. Tunk Jr.

Authorized Official

000259 J147UCR 000259

M A BAUZA
6 VALENTINE ROAD
NEWBURGH NY

12550-7202

XXXXXXXXXXXXXXXXXXXXXXmXXXXXXXXXXXX

If the address for this payment is incorrect, please enter the correct address and the employee Social Security Number (SSN) in the "Payment Address" area to the right and return this stub to the designated Aetna location.

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For Aetna Use

6193082100100000000060000DB

000000259

300011002006060799 BAUZA
MIRIAM

A

Payment Address

Employee SSN:

CUT ALONG THIS LINE

PLEASE ENCLOSE THIS STUB WITH ANY CORRESPONDENCE

CUT ALONG THIS LINE

Payment Information

Payment Date 07/25/06 Payment Period 07/19/2006-07/25/2006	Number 52012341
Control-Suffix-Account 619308 21 001	Certificate Number

Type	Amount	Type	Amount
TDI BENEFIT	1445.38		
FICA	- 106.34	FIT	- 164.43
PRE MEDICAL	- 46.15	PRE DENTAL	- 4.04
PRE VISION	- 5.14	POST MISC	- 1.08
POST FSA-HLTH	- 4.16		

Please detach and retain this stub for your records.

GPA-65580 (12-04)

DETACH ALONG THIS PERFORATED LINE

000298 J147UCR 000298

M A BAUZA
6 VALENTINE ROAD
NEWBURGH NY

12550-7202

XXXXXXXXXXXXXXXXXXXXXX

If the address for this payment is incorrect, please enter the correct address and the employee Social Security number (SSN) in the "Payment Address" area to the right and return this stub to the designated Aetna location.

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For Aetna Use

6193082100100000000060000DB

000000298

300011002006060799 BAUZA
MIRIAM A

Payment Address

Employee SSN:

CUT ALONG THIS LINE

ALONG THIS LINE

PLEASE ENCLOSE THIS STUB WITH ANY CORRESPONDENCE

Payment Information

Payment Date 08/01/06	Payment Period 07/26/2006-08/01/2006	Number 52014521
--------------------------	--------------------------------------	--------------------

Control-Suffix-Account 619308 21 001	Certificate Number
---	--------------------

Type	Amount	Type	Amount
TDI BENEFIT	1445.38		
FICA	- 106.34	FIT	- 164.43
PRE MEDICAL	- 46.15	PRE DENTAL	- 4.04
PRE VISION	- 5.14	POST MISIC	- 1.08
POST FSA-HLTH	- 4.16		

EXHIBIT

DX-R
3/19/08

Please detach and retain this stub for your records.

DETACH ALONG THIS PERFORATED LINE

GR-66580 (12-04)

52014521 51-44
119 CT

Payer MEDIACOM

NO. 7091

Check Number

Control	Suf.	Acct.	Certificate Number	Employee Name	Covg.	Paymt.
619308	21	001		MIRIAM A BAUZA	30001100	99
Do Not Endorse Or Pay Before Date AUGUST 1, 2006						
TO THE ORDER OF ▶ M A BAUZA 6 VALENTINE ROAD NEWBURGH NY 12550-7202						
ONE THOUSAND ONE HUNDRED FOURTEEN DOLLARS AND 04/100						
PAY ▶ [Signature]						
Check Amount						
Payment Period 07/26/2006-08/01/2006						

Bank of America

Aetna Life Insurance Company
as Agent for the above Payer

Alfred P. Clark Jr.

Authorized Official

000298 J147UCR 000298

M A BAUZA
6 VALENTINE ROAD
NEWBURGH NY

12550-7202

For Aetna Use

6193082100100000000060000DB

000000298

300011002006060799 BAUZA
MIRIAM A

|||||

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Payment Address

Employee SSN:

CUT ALONG THIS LINE

PLEASE ENCLOSE THIS STUB WITH ANY CORRESPONDENCE

CUT ALONG THIS LINE

Payment Information

Payment Date 08/01/06 Payment Period 07/26/2006-08/01/2006	Number 52014521
---	--------------------

Control-Suffix-Account 619308 21 001	Certificate Number
---	--------------------

Type	Amount	Type	Amount
TDI BENEFIT	1445.38		
FICA	- 106.34	FIT	- 164.43
PRE MEDICAL	- 46.15	PRE DENTAL	- 4.04
PRE VISION	- 5.14	POST MIS	- 1.08
POST FSA-HLTH	- 4.16		

Please detach and retain this stub for your records.

GR-66580 (12-04)

DETACH ALONG THIS PERFORATED LINE

M A BAUZA
6 VALENTINE ROAD
NEWBURGH NY

12550-7202

XXXXXXXXXXXXXXXXXXXXXX

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For Aetna Use
6193082100100000000060000DB

000000113

331011002006060799 BAUZA
MIRIAM

A

Payment Address

Employee SSN:

ALONG THIS LINE

PLEASE ENCLOSE THIS STUB WITH ANY CORRESPONDENCE

CUT ALONG THIS LINE

Payment Information

Payment Date 08/04/06 Payment Period 08/02/2006-08/06/2006	Number 71022055
Control-Suffix-Account 619308 21 001	Certificate Number
Type NY311 BENEFIT FICA	Amount 121.43 - 9.29

Please detach and retain this stub for your records.

GR-66580 (12-04)

DETACH ALONG THIS PERFORATED LINE

Aetna Policyholder
MEDIACOM

71022055

51-44
119 CT

Check Number

Control	Suf.	Acct.	Certificate Number	Employee Name	Covg.	Paymt.
619308	21	001	MIRIAM	A BAUZA	33101100	99
TO THE ORDER OF ► M A BAUZA 6 VALENTINE ROAD NEWBURGH NY 12550-7202					Do Not Endorse Or Pay Before Date AUGUST 4, 2006	
ONE HUNDRED TWELVE DOLLARS AND 14/100					PAY ►	
Check Amount Payment Period 08/02/2006-08/06/2006						

Bank of America

Aetna Life Insurance Company

 Alfred P. Tunk Jr.
 Authorized Official

000113 J147UTR 000113

M A BAUZA
6 VALENTINE ROAD
NEWBURGH NY

12550-7202

|||||

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For Aetna Use

6193082100100000000060000DB

000000113

331011002006060799 BAUZA
MIRIAM A

Payment Address

Employee SSN:

CUT ALONG THIS LINE

PLEASE ENCLOSE THIS STUB WITH ANY CORRESPONDENCE

CUT ALONG THIS LINE

Payment Information

Payment Date 08/04/06 Payment Period 08/02/2006-08/06/2006	Number 71022055
Control-Suffix-Account 619308 21 001	Certificate Number
Type NY311 BENEFIT FICA	Amount 121.43 9.29

Please detach and retain this stub for your records.

DETACH ALONG THIS PERFORATED LINE

GR-66580 (12-04)